972-624-2286 (FAX)



Service Requested/E Residential (Buyin Temporary Service	ng) / \$75.00	tial (Renting) \$150.00 ·/\$25.00 {From one home	Commercial/Ple e to another in The Colony}	ase call	
The following inform	nation and procedures are n	needed to complete your	request:		
			his form and a <u>COPY OF YO</u> o begin, to avoid a \$20.00 nor	DUR DRIVER'S LICENSE to n-schedule fee.	
2. If the water			me you want the technician to $-2 \text{ pm} \boxed{2} - 3 \text{ pm} \boxed{3} - 4$		
3. Provide title	papers if buying or lease is	f renting. Service will no	ot be ACTIVATED until info	ormation is received.	
		time cannot be kept, IT I	LL RESULT IN A \$20.00 FI S YOUR RESPONSIBILITY	EE *** TO CONTACT OUR OFFICE,	
City of The Colony-Utility Department <u>Application for Service</u>				For <u>same day</u> <u>service</u> , requests	
		Account Number: must be received			
Last Name:	First: _		_ Middle:	before 12 noon to avoid \$20.00	
Joint Name:	First: _		_ Middle:	non-schedule fee.	
Service Address:			Own Rent		
Sire	oot Addroce ('ity		State Zin Code	TN 1 X7	
	eet Address City		State Zip Code	Did You 1 Sign Application	
E-Mail Address:			•	Did You 1. Sign Application 2. Include Driver's	
E-Mail Address:	Home	Work	Cell	Sign Application Include Driver's License	
E-Mail Address: Phone Numbers: Joint Phone No:	Home Home	Work Work	· 	 Sign Application Include Driver's License Choose an Appointment 	
E-Mail Address: Phone Numbers: Joint Phone No: DOB	Home Home	Work Work SS#:	Cell	 Sign Application Include Driver's License Choose an Appointment Time Provide Copy of 	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB	Home Home Drivers Lic.: Drivers Lic.:	Work Work SS#: SS#:	Cell	 Sign Application Include Driver's License Choose an Appointment Time Provide Copy of Title Papers (if 	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB Previous Address:	Home Home Drivers Lic.: Drivers Lic.:	Work Work SS#: SS#: City/St/Zip	Cell	 Sign Application Include Driver's License Choose an Appointment Time Provide Copy of 	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB Previous Address: If r	Home Home Drivers Lic.: Drivers Lic.:	Work Work SS#: SS#: City/St/Zip address & phone num	Cell Cell	 Sign Application Include Driver's License Choose an Appointment Time Provide Copy of Title Papers (if Buying) or Lease 	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB Previous Address: If r Name:	Home Home Drivers Lic.: Drivers Lic.:	Work Work SS#: SS#: City/St/Zip address & phone nun Contact Number:	Cell Cell nber:	 Sign Application Include Driver's License Choose an Appointment Time Provide Copy of Title Papers (if Buying) or Lease 	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB Previous Address: If r Name: Address:	Home Home Drivers Lic.: Drivers Lic.:	Work Work SS#: SS#: City/St/Zip c, address & phone nun Contact Number: Cell Number:	Cell Cell mber:	 Sign Application Include Driver's License Choose an Appointment Time Provide Copy of Title Papers (if Buying) or Lease 	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB Previous Address: If r Name: Address: Nearest Relative:	Home Home Drivers Lic.: Drivers Lic.:	Work Work SS#: SS#: City/St/Zip c, address & phone num Contact Number: Cell Number:	Cell Cell mber:	1. Sign Application 2. Include Driver's License 3. Choose an Appointment Time 4. Provide Copy of Title Papers (if Buying) or Lease (if Renting) RENTING? Please contact the	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB Previous Address: If r Name: Address: Nearest Relative: Address: In consideration of the City City for such services as re	Home Home Drivers Lic.: Drivers Lic.: Penting, list owner's name	Work Work SS#: SS#: City/St/Zip Contact Number: Cell Number: Phone Number: City/St/Zip cont furnishing services at the aldinances. I further agree to cor	Cell Cell mber:	1. Sign Application 2. Include Driver's License 3. Choose an Appointment Time 4. Provide Copy of Title Papers (if Buying) or Lease (if Renting) RENTING? Please contact the Inspections Department at 972-624-3158 to confirm landlord	
E-Mail Address: Phone Numbers: Joint Phone No: DOB Joint DOB Previous Address: If r Name: Address: Nearest Relative: Address: In consideration of the City City for such services as re of the City of The Colony	Home Drivers Lic.: Drivers Lic.: renting, list owner's name y of The Colony Utility Department acquired by City of The Colony or Utility Department including required.	Work Work SS#: SS#: City/St/Zip Contact Number: Cell Number: Phone Number: City/St/Zip ent furnishing services at the aldinances. I further agree to convirements of the ordinances.	Cell Cell mber:	1. Sign Application 2. Include Driver's License 3. Choose an Appointment Time 4. Provide Copy of Title Papers (if Buying) or Lease (if Renting) RENTING? Please contact the Inspections Department at 972-624-3158 to	

_ I want to make my personal information (address, phone number and social security number) confidential